

FEB 19 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1864

1. PLACE OF DEATH

County Johnson Registration District No. 431 File No. _____
Township _____ Primary Registration District No. 3023 Registered No. 6
City Warrensburg (No. _____) St. _____ Ward _____

2. FULL NAME Pleasant Avery

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Avery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2 - 1852

7. AGE YEARS 83 MONTHS 1 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

13. NAME P. G. Avery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jesse Mo

15. MAIDEN NAME Sereta Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

17. INFORMANT (ADDRESS) Raymond Avery, Windsor, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo DATE Jan - 20 - 1936

19. UNDERTAKER (ADDRESS) Sweeney, Warrensburg, Mo

20. FILED Jan 20 1936 Eva Bentley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 19 - 1936

22. I HEREBY CERTIFY, that I attended deceased from Aug 6, 1935, to Jan. 19, 1936

I last saw him alive on Jan. 18, 1936. Death is said to have occurred on the date stated above, at 7:45 PM.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset _____

Other contributory causes of importance: W

Name of operation Circum Date of _____

What test confirmed diagnosis _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature], M. D.

(Address) Warrensburg, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

